## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000169871

1405 MONTCLAIR CT.

ORLANDO, FL 32812

Address:

City-St-Zip:

FILED Jan 19, 2006 Secretary of State

Entity Nan	ne: C&AG	ROUP OF ORLANDO, INC.					
Current Pr	incipal Plac	e of Business:	New Princi	New Principal Place of Business:			
610 MARIP ORLANDO							
Current Ma	ailing Addre	ss:	New Mailing Address:				
610 MARIP ORLANDO							
FEI Number:	83-0416247	FEI Number Applied For ( )	FEI Number Not Applie	cable ( )	Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:			
CARDINAL, JAMES R 610 MARIPOSA ST. ORLANDO, FL 32801 US			610 MARIP	CARDINAL, TIMOTHY 610 MARIPOSA ST. ORLANDO, FL 32801 US			
The above in the State		submits this statement for the pu	urpose of changing its	s registered o	ffice or registered agent, or both,		
SIGNATUR	RE: TIMOTH	Y CARDINAL		01/19/2006			
	Electro	nic Signature of Registered Ager	nt		Date		
Election Can	npaign Financii	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD ( CARDINAL, JI 610 MARIPOS ORLANDO, FI	SA ST.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PD ( CARDINAL, TI 610 MARIPOS ORLANDO, FI	SA ST.	Title: Name: Address: City-St-Zip:	( )	Change()Addition		
Title: Name: Address: City-St-Zip:	TD ( ADAMS, WILL 414 WOODLA ORLANDO, FI	IND ST.	Title: Name: Address: City-St-Zip:	TD (X) CAPORAL, TIM 953 PRESCOT DELTONA, FL	T BLVD		
Title: Name	VD (	K) Delete	Title:	( )	Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY CARDINAL PD 01/19/2006